

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008650	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/01/2017
NAME OF PROVIDER OR SUPPLIER APERION CARE JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 NORTH CHURCH STREET JACKSONVILLE, IL 62650		
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S 000	Initial Comments Complaint Investigation #1647284/IL90633 Complaint Investigation #1740053/IL90855 Complaint Investigation #1740345/IL91159	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/24/17

STATE FORM

6899

Q7X911

If continuation sheet 1 of 25

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S9999	<p>Continued From page 1</p> <p>care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to follow operational policies related to the discharging a resident against medical advice and the emergency medical care of a mentally ill adjudicated resident, as established by the State Guardianship & Advocacy Commission. Additionally, the facility failed to operationalize the</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>behavior management policy and failed to communicate, identify and anticipate the medical needs of a mentally ill resident (R3), upon his arrest for battery on 12/15/16. These failures resulted in R3 not receiving the emergent psychiatric care he needed and lead to R3 leaving the facility AMA (Against Medical Advice) on 12/16/16. As a result of these failures, R3's whereabouts are currently unknown.</p> <p>Findings include:</p> <p>The facility policy, titled "Behavior Management for Agitated Behavior (no date)," documents "In the event staff needs to physically intervene to prevent the resident from harming self or others, techniques to provide interim control will be implemented. Non-violent crisis intervention is a safe, non-harmful behavior management system designed to aid human services in the management of disruptive and assaultive people, even during the most violent moments. When the interim control is used, the physician will be notified and a determination made as to the need for acute mental health services. Should staff not be able to manage the resident's behavior, staff members will make every attempt to protect the resident and others and another staff member will call 911 for assistance."</p> <p>The facility policy, titled "Discharge/Transfer of Resident (no date)," documents "Purpose: To provide safe departure from the facility. To provide continuity of care and treatment...Complete Transfer Form accurately and completely, including vital signs. Ensure that resident's current physical and psycho/social assessment, medications and current treatment is completely described and available to the receiving facility upon transfer."</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>The facility policy, titled "Discharge Against Medical Advice (no date)", documents "Purpose: To define the facility's responsibility when a resident and/or legal guardian voluntarily discharges him/herself from the facility without the consent of or an order from the attending physician. Policy: It is the policy of the facility to acknowledge the right of a resident to sign him/herself out of the facility without the consent of or an order from the attending physician, providing that the resident has the decisional capacity to do so...In the event that it is questionable as to whether the resident and/or legal guardian has the decisional capacity to make an informed decision about an AMA (Against Medical Advice) discharge, professional and administrative staff are to be consulted in collaboration with the resident's psychiatrist."</p> <p>The facility policy, titled "Staff Obligations to Prevent and Report Abuse, Neglect and Theft (no date)", defines "Neglect" as the "failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident."</p> <p>A letter from the State Guardianship & Advocacy Commission, dated 11/01/16, documents "On September 14, 2016 the Office of State Guardian was appointed Person Only Temporary Guardian for (R3), as guardian this office is responsible for the well-being of the ward and is legally authorized to make fundamental decisions concerning the ward's health, medical treatment, placement and personal well-being." The letter further documents, "In the event of an emergency, the facility staff...is authorized by the Office of State Guardian to arrange for</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>transportation, routine emergency room evaluation and treatment, and for hospitalization and general medical treatment for (R3). The Office of State Guardian hereby consents to routine emergency room evaluation and treatment, and for hospital admission and general medical treatment for the individual ward named herein. The Office of State Guardian shall be notified of routine emergency room treatment or hospitalization by the next working day...In no event shall treatment be withheld from a ward of the Office of State Guardian due to the ward's age, disability, quality of life or legal status."</p> <p>A Progress Note, dated 11/01/16, documents R3 "was admitted...with a (history) of confusion, sepsis, pneumonia and schizoaffective disorder and possible (history) of abuse and PTSD (Post Traumatic Stress Disorder)." A Plan of Care, dated 11/01/16, documents R3 has an ADL (Activities of Daily Living) self-care performance deficit, diagnosis and history of severe mental illness, Schizophrenia manifested by delusions and paranoia, impaired thought process (related to) impaired decision making, displays disorganized thinking, uses Psychotropic medications for behavior management and "the resident needs supervision and assistance at times with all decision making."</p> <p>Nursing Notes, dated 11/16/16, document R3 as having delusions of his coffee "tasting like body fluids...explained that he has worked around death, amputations, murder victims, and lived near a cemetery in the past and he knows what it tastes like," after refusing to take his anti-psychotic (Seroquel) the night before. The Electronic Medication Administration Record, documents that R3 started to consistently refuse to take his anti-psychotic medication (Seroquel)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>on 11/20/16. Nursing Notes, dated 12/01/16, document R3 was having visual hallucinations of snakes coming out of holes in the wall, and continued to refuse to take the Seroquel. On 12/01/16, a Physician's Order documents, "(Z4 - Nurse Practitioner) notified of resident refusal to take Seroquel multiple times in the evening. (Z4) notified of delusional and scattered thoughts and verbal accusations. (Z4) orders to continue to encourage resident to take medication and if resident becomes agitated or aggressive to send resident for a psych (psychiatric) evaluation immediately."</p> <p>A Progress Note by E1 (Administrator), dated 12/15/16 at 10:39 p.m., documents "(R3) became upset when another resident (R5) was attempting to use adjoining bathroom. (R3) pushed (R5) after words were exchanged. CNA (E6) attempted to redirect, (R3) slapped (E6 - Certified Nursing Assistant) in the face. Police were notified. Guardian (Z2) notified. Police did arrest (R3) for battery due to he does not require medical care, is refusing to take medication and (R5) did want to press charges." R3's progress notes contain no further documentation, until R3 returned to the facility upon his release from jail 12/16/16.</p> <p>A Social Service Note, dated 12/16/16, documents "(E4 - Social Service Director) notified of incident and left message with OSG (Office of State Guardian). Resident did return to facility and was in vestibule in between the two doors. (E4) and nurse (E3 - Licensed Practical Nurse) went to speak with resident this afternoon, who stated he was released on his own recognizance and was told to return in February for court. Staff was unaware resident was released and resident states someone gave him a ride back to the facility. Resident stated he...only wanted his</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>belongings. Resident was educated on risks of AMA and resident signed AMA paper. Resident stated he planned on returning to police station...Resident left building and began walking towards police station. (E4) contacted police dept. to notify them of situation and request they assist resident. Dispatch stated she would notify police officers that resident was heading in their direction. Nursing staff was able to reach OSG and guardian on call stated that they would contact police department and recommend resident be sent to hospital for (evaluation). It was ensured that resident made it safely to police station."</p> <p>On 1/24/17 at 2:10 p.m., E1 (Administrator) stated she was working the floor on the night of 12/15/16, when she heard a noise from the 200 Hall. E1 observed R5 running down the hall after being shoved by R3 for using the adjoining bathroom. Immediately after the incident, E1 stated R3 de-escalated, went straight to his room and "laid down in his bed like nothing happened." E1 stated the police were contacted and came to the facility to question R3. E1 stated R3 would not answer the policemen's questions directly and R3 was arrested. E1 stated she informed the police that R3 was a "Ward of the State" and offered to send the legal documentation from the OSG (Office of State Guardian) with them, but declined. After R3 was taken to the local police department, E1 asked the oncoming nurse to contact the physician and OSG regarding R3's arrest. E1 stated she would have sent R3 out for a psychiatric evaluation, but R3 was arrested first and she did not communicate the need for R3 to have a psychiatric evaluation to the police department.</p> <p>On 1/30/17 at 1:30 p.m., E2 (Director of Nursing)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>stated she informed the arresting police on the night of 12/15/16 that R3 had "no medical needs that need to be met overnight." E2 stated she explained to the police that R3 had been refusing his Seroquel and that R3 had a State Guardian, due to poor mental health; however, she did not discuss with the police that R3 had an order for a psychiatric evaluation, if he became aggressive. E2 stated it was mentioned that they would have "preferred" R3 be sent to the hospital for a psychiatric evaluation, rather than being arrested. E2 stated nothing was discussed with the police regarding what would happen to R3 upon his release from jail.</p> <p>On 12/29/16 at 7:05 p.m., Z9 (Police Officer) stated he responded to a call from the facility regarding a "resident out of control." Z9 stated they were not going to arrest R3, but was told by the facility that R3's "mental capacity was o.k. (R3) could come and go as he pleased" and R5 wanted R3 arrested. Z9 stated they would not have arrested R3 if they had known R3 had a State Guardian.</p> <p>On 1/25/17 at 2:52 p.m., E4 (Social Service Director) stated she was informed on the morning of 12/16/16 that R3 had been arrested the night before. E4 did attempt to reach the OSG to notify them that R3 had been taken to jail. E4 stated that R3 returned to the facility from the police station at approximately 1:00 p.m. on 12/16/16. E4 stated R3 refused to come all the way inside the building and requested his belongings. At that point, E3 (Licensed Practical Nurse) attempted to contact the OSG. E4 stated R3 communicated better through writing, so she gave R3 the AMA: Release from Medical Discharge form so R3 could understand the risks of leaving the facility. E4 stated R3 read and</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>signed the AMA: Release From Medical Discharge form, took his belongings and left the facility on foot. According to E4, R3 stated he was walking to the police department. E4 called the local police department to inform them R3 was on his way to the station. E4 notified Z1 (Medical Director) that R3 left the facility AMA at 1:55 p.m. On 1/30/17 at 10:15 a.m., E4 stated they attempted to reach the OSG to notify them that R3 needed medical assistance and was leaving the facility, but did not consider calling 911 for medical transport to a hospital for treatment. E4 stated Z2 (Guardian) called her approximately 4 days after R3 left the facility and told them that R3 was technically considered a missing person at that point, because his whereabouts were unknown.</p> <p>On 1/25/17 at 11:18 a.m., E3 (Licensed Practical Nurse) stated he was present on 12/16/16 when R3 returned to the facility from the police department. E3 stated R3 told him that the police stated he was not allowed to return to the facility. According to E3, R3 requested his belongings and indicated he was walking back to the police department. E3 stated he attempted multiple times to reach someone at the OSG office and eventually demanded to be put through to talk to someone. E3 spoke with Z3 (OSG On-Call Guardian) and explained that R3 was "not stable, needed medical help and was off his medications." At this point, R3 had been at the facility for approximately 10 minutes, when R3 decided to leave on foot for the police station. According to E3, Z3 stated she would call the police station and let them know what needed to be done with R3. E3 stated E5 (Transportation Aide) was able to catch up with R3 and give him a ride to the police station.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>On 12/28/16 at 11:10 a.m., E5 (Transportation Aide) stated R3 left the facility on 12/16/16 on foot, to return to the police station. E5 stated he took his truck and was able to get R3 to agree to a ride to the police station. E5 stated he took R3 to the West door of the police station, and watch him enter the building and left.</p> <p>On 1/04/17 at 9:24 a.m., E1 (Administrator) stated she thought R3 would be coming back to the facility, but expected to hear from the guardian or police before R3's return. On 1/30/17 at 12:57 p.m., E1 stated, "Due to the short time frame, of about twelve and 1/2 hours from R3's arrest (on 12/15/16) to when R3 returned to the facility (on 12/16/16), I can't answer the question as to who/when staff should have followed up with the police department regarding (R3's) status" following his arrest. E1 stated she was "shocked" at how quickly R3 was released from jail and they were not prepared when R3 returned to the facility. E1 (Administrator) stated R3 communicated through reading and writing. E1 stated E4 showed R3 the AMA papers as an "intervention" to attempt to get R3 to come back into the building; however, R3 signed the AMA papers and walked away from the facility.</p> <p>On 1/25/17 at 12:45 p.m., Z1 (Medical Director) stated if R3 had a change in condition she would have expected a call, but the facility does not need an order to send a resident out for a psychiatric evaluation, if needed. Z1 stated the facility "saw this as a transfer of care to the police, but that's incorrect, because (R3) needed medical care." Z1 stated she would expect the facility to determine up front, "is his medical care going to be met at the time of arrest." Z1 stated "It is the facility's responsibility to ensure the resident is medically taken care of...and no one</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>clearly communicated up front what the real plan for (R3) was. Z1 stated, her review of the documentation in R3's medical record indicated "staff handed (R3) off to the police and there was no follow up or clear delineation as to where R3 was going to go. Z1 stated no one "clearly communicated up front, what the real plan for (R3) was going to be" after his arrest.</p> <p>On 1/30/17 at 11:14 a.m., Z5 (Office of State Guardian Supervisor) stated R3 "lacked the decisional capacity to make any decisions for himself, which was exactly why he was a ward of the State." Z5 stated the OSG provides the facility with all the necessary guidelines that are to be followed for adjudicated individuals, at the time of admission. Z5 stated it is the expectation of the OSG that the facility will follow through with any transfer out of the facility, whether it is to the Emergency Room, jail or programming, to ensure the resident's medical needs are going to be met. Z5 stated that the legal documentation provided by the OSG allows the facility to obtain routine and emergent medical care without prior approval from the Guardian. Z5 concluded that the facility should have called for emergency medical care for R3 on 12/16/16, when R3 returned to the facility, rather than trying to contact the Guardian. Z5 confirmed that R3's whereabouts are currently unknown.</p> <p style="text-align: center;">A</p> <p>300.1230 Section 300.1230 Direct Care Staffing a) For the purposes of this Section, the following definitions shall apply:</p>	S9999		

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S9999	Continued From page 11 1) Direct care is the provision of nursing care or personal care as defined in Section 300.330, therapies, and care provided by staff listed in subsection (f). 2) Skilled care is skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. 3) Intermediate care is basic nursing care and other restorative services under periodic medical direction. b) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs on each shift of the day. c) If residents participate in regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours per day of direct care staffing in the facility are reduced for the hours the residents are not in the facility. d) Each facility shall provide minimum direct care staff by: 1) Determining the amount of direct care staffing needed to meet the needs of its residents; and 2) Meeting the minimum direct care staffing ratios set forth in this Section. e) The direct care staffing requirements in this Section apply to the number of persons actually on duty and not to the number of persons scheduled to be on duty. f) For the purpose of computing staff to resident ratios, direct care staff shall include the following, as long as the person is assigned to duties consistent with the identified job title and documented in employee time schedules as required by Section 300.650(i): 1) registered nurses;	S9999		

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S9999	Continued From page 12 2) licensed practical nurses; 3) certified nurse assistants; 4) psychiatric services rehabilitation aides (see Section 300.4090); 5) rehabilitation and therapy aides; 6) psychiatric services rehabilitation coordinators (see Section 300.4090); 7) assistant directors of nursing; 8) 50% of the Director of Nurses' time; 9) 30% of the Social Services Directors' time (Section 3-202.05 of the Act); and 10) licensed physical, occupational, speech and respiratory therapists. g) Facilities subject to Subpart S may utilize specialized clinical staff, as defined in Section 300.4090, to count towards the staffing ratios. (Section 3-202.05(a) of the Act) h) Care Determinations When differences of opinion occur between facility staff and Department surveyors regarding the care an individual resident may require, the surveyor shall determine whether the resident is receiving appropriate care. If the resident is receiving appropriate care, the surveyor will accept the facility's determination of the number of direct care hours the facility shall provide. i) The facility shall schedule nursing personnel so that the nursing needs of all residents are met. j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f). 1) Effective July 1, 2010, for each resident needing skilled care, a minimum staffing ratio of 2.5 hours of nursing and personal care each day must be provided; for each resident needing intermediate care, 1.7 hours of nursing and personal care each day must be provided. 2) Effective January 1, 2011, the minimum staffing ratios shall be increased to 2.7 hours of	S9999		

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S9999	Continued From page 13 nursing and personal care each day for a resident needing skilled care and 1.9 hours of nursing and personal care each day for a resident needing intermediate care. 3) Effective January 1, 2012, the minimum staffing ratios shall be increased to 3.0 hours of nursing and personal care each day for a resident needing skilled care and 2.1 hours of nursing and personal care each day for a resident needing intermediate care. 4) Effective January 1, 2013, the minimum staffing ratios shall be increased to 3.4 hours of nursing and personal care each day for a resident needing skilled care and 2.3 hours of nursing and personal care each day for a resident needing intermediate care. 5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) l) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 1) The facility shall determine the number of residents needing skilled or intermediate care. 2) The number of residents in each category shall be multiplied by the overall hours of direct care	S9999		

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S9999	Continued From page 14 needed each day for each category. 3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility. 4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. 5) Additional Direct Care Hours Equal to at Least 75% of the Minimum Required The remaining 75% of the minimum required direct care hours may be fulfilled by other staff identified in subsection (f) as long as it can be documented that they provide direct care and as long as nursing care is provided in accordance with the Nurse Practice Act. 6) The amount of time determined in subsections (l)(4) and (5) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually 7.5 or 8 hours) will give the number of persons needed to staff each shift. Calculations shall not include time for scheduled breaks or scheduled in-service training. The number of residents used to calculate staff ratios shall be based on the facility's midnight census. m) Example of Staffing Calculations 1) Following is an example of this computation assuming a 100-bed Skilled Nursing Facility that has 25 residents needing skilled care and 75 residents needing intermediate care, and assuming that the identified needs of the residents have led the facility to assign 45% of the staff to the day shift; 35% to the evening shift and 20% to the night shift.	S9999		

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S9999	<p>Continued From page 15</p> <p>2) Under the subsection (j) requirements for January 1, 2014, staffing would be computed as follows:</p> <p>A) Total Minimum Hours of Care Needed</p> <table> <tr> <td>Level of Care</td> <td># of Residents</td> <td>Total Hrs. Needed/Day Per Resident</td> <td>Total Hrs. Needed/Day Per Facility</td> </tr> <tr> <td>Skilled</td> <td>25 [times]</td> <td>3.8 =</td> <td>95.0</td> </tr> <tr> <td>Intermediate</td> <td>75 [times]</td> <td>2.5 =</td> <td>187.5</td> </tr> <tr> <td colspan="2">Total hours needed</td> <td colspan="2">282.5</td> </tr> </table> <p>B) Minimum Total Hours Needed Per Shift</p> <table> <tr> <td>Shift</td> <td>Total Hrs. Per Day</td> <td>Minimum Percent</td> <td>Total Hrs. Needed</td> </tr> <tr> <td>7-3</td> <td>282.5 [times]</td> <td>45% =</td> <td>127.125</td> </tr> <tr> <td>3-11</td> <td>282.5 [times]</td> <td>35% =</td> <td>98.875</td> </tr> <tr> <td>11-7</td> <td>282.5 [times]</td> <td>20% =</td> <td>56.500</td> </tr> <tr> <td colspan="2"></td> <td>100%</td> <td>282.500</td> </tr> </table> <p>C) Licensed Nurse Time Per Shift</p> <table> <tr> <td>Shift</td> <td>Minimum Hrs. Per Shift</td> <td>Minimum Percent</td> <td>Minimum Lic. Nurse Hrs. Required</td> </tr> <tr> <td>7-3</td> <td>127.125 [times]</td> <td>25% =</td> <td>31.781</td> </tr> <tr> <td>3-11</td> <td>98.875 [times]</td> <td>25% =</td> <td>24.719</td> </tr> <tr> <td>11-7</td> <td>56.500 [times]</td> <td>25% =</td> <td>14.125</td> </tr> </table> <p>D) Licensed Nurses Required</p> <table> <tr> <td>Shift</td> <td>Minimum Nurse Hrs. Required</td> <td>Hrs. Worked Per Shift</td> <td># of Lic. Nurses Needed</td> </tr> <tr> <td>7-3</td> <td>31.781 [divided by] 8 =</td> <td></td> <td>3.973</td> </tr> <tr> <td>3-11</td> <td>24.719 [divided by] 8 =</td> <td></td> <td>3.090</td> </tr> <tr> <td>11-7</td> <td>14.125 [divided by] 8 =</td> <td></td> <td>1.766</td> </tr> </table> <p>E) Registered Nurse Time</p> <table> <tr> <td>Shift</td> <td>Minimum Registered Nurse Hrs. Per Shift</td> </tr> </table>	Level of Care	# of Residents	Total Hrs. Needed/Day Per Resident	Total Hrs. Needed/Day Per Facility	Skilled	25 [times]	3.8 =	95.0	Intermediate	75 [times]	2.5 =	187.5	Total hours needed		282.5		Shift	Total Hrs. Per Day	Minimum Percent	Total Hrs. Needed	7-3	282.5 [times]	45% =	127.125	3-11	282.5 [times]	35% =	98.875	11-7	282.5 [times]	20% =	56.500			100%	282.500	Shift	Minimum Hrs. Per Shift	Minimum Percent	Minimum Lic. Nurse Hrs. Required	7-3	127.125 [times]	25% =	31.781	3-11	98.875 [times]	25% =	24.719	11-7	56.500 [times]	25% =	14.125	Shift	Minimum Nurse Hrs. Required	Hrs. Worked Per Shift	# of Lic. Nurses Needed	7-3	31.781 [divided by] 8 =		3.973	3-11	24.719 [divided by] 8 =		3.090	11-7	14.125 [divided by] 8 =		1.766	Shift	Minimum Registered Nurse Hrs. Per Shift	S9999		
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S9999	<p>Continued From page 17</p> <p>On 1-26-17, E2 (DON/Director of Nursing) stated she completes staffing based on a spreadsheet format which should take into account resident acuity.</p> <p>On 1-26-17, E1 (Administrator) provided census information from December 2 through December 15, 2016 showing there was an average of 2.5 skilled residents and 67 intermediate residents residing in the facility.</p> <p>The State staffing numbers based on the above census documents the facility needs a total of 79 hours of total care for the day shift, 61 hours for the evening shift and 35 hours for the night shift.</p> <p>On 1-24-17, E2 (DON/Director of Nursing) provided facility staffing sheet for Sunday, 12-11-16 confirming these were actual hours worked.</p> <p>The 12-11-16, 6:00 am to 2:00 pm day shift included three licensed nurses for a total of 24 hours, five CNAs (Certified Nursing Assistants) for a total of 40 hours plus one hour of Speech Therapy time. This is a total of 65 hours, 14 hours less the State required hours.</p> <p>The 12-11-16, 2:00 pm to 10:00 pm evening shift has two nursing staff for a total of 16 hours and 5.5 CNAs for a total of 44 hours. This is a total of 60 hours for the evening shift, one hours less that the State required hours.</p> <p>On 1-25-16, E2 (DON) provided facility staffing sheet for Thursday, 12-15-16 and confirmed they were the actual hours worked.</p> <p>The 12-15-16, 2:00 pm to 10:00 pm evening shift schedule documents two nursing staff, one being</p>	S9999			

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S9999	<p>Continued From page 18</p> <p>E1 (Administrator) and the other E2 (DON) for a total of 14.5 hours. E2's time is counted at 50% from 2:00 pm to 5:00 pm when she would have been acting as DON. There are 4.5 CNAs for a total of 36 hours plus therapy time of 2.10 This is a total of 52.6 hours which is at least eight hours short of the State requirement for staffing.</p> <p>On 1-24-16, E1 (Administrator) presented a census sheet and confirmed there are 73 residents residing in the facilit</p> <p style="text-align: right;">AW</p> <p>Section 300.4000 Applicability of Subpart S</p> <p>a) Beginning July 1, 2002, a licensed SNF or ICF providing services to persons with serious mental illness shall meet the requirements of this Subpart S. Applicability of this Subpart S shall not affect a facility's compliance with the remainder of this Part.</p> <p>b) For the purposes of this Subpart, "serious mental illness" is defined as the presence of a major disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1400 K Street NW, Washington, DC 20005), excluding alcohol and substance abuse, Alzheimer's disease, and other forms of dementia based upon organic or physical disorders. A serious mental illness is determined by all of the following three areas:</p> <p>1) Diagnoses that constitute a serious mental illness are:</p> <p>A) Schizophrenia;</p> <p>B) Delusional disorder;</p>	S9999		

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S9999	Continued From page 19 C) Schizo-affective disorder; D) Psychotic disorder not otherwise specified; E) Bipolar disorder I - mixed, manic, and depressed; F) Bipolar disorder II; G) Cyclothymic disorder; H) Bipolar disorder not otherwise specified I; I) Major depression, recurrent; 2) In addition, the individual must be 18 years of age or older and be substantially functionally limited due to mental illness in at least two of the following areas: A) Self-maintenance; B) Social functioning; C) Community living activities; D) Work-related skills; 3) Finally, the disability must be of an extended duration expected to be present for at least a year, which results in a substantial limitation in major life activities. These individuals will typically also have one of the following characteristics: A) Have experienced two or more psychiatric hospitalizations; B) Receive Social Security Income (SSI) or Social Security Disability Income (SSDI) because of mental illness, or have been deemed eligible for SSI or SSDI. c) This Subpart applies to persons who are transferred to a facility for 120 or fewer days for a medical reason directly related to the person's diagnosis of serious mental illness, such as medication management. d) This Subpart does not apply to the provision of services for residents having a diagnosis in the following mental disorder categories: senile and presenile organic psychotic conditions, alcoholic psychoses, drug psychoses, transient organic psychotic conditions, other organic psychotic conditions (chronic), non-psychotic disorders due to organic brain damage, and mental retardation.	S9999			

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S9999	Continued From page 20 e) This Subpart does not apply to individuals who are transferred to a facility for 120 or fewer days for a medical reason, such as from fractures or cardiac or respiratory traumas. However, during this individual's stay, the individual's mental illness needs shall be met as much as possible, taking into account the individual's medical condition. f) Facilities shall consider the location of a resident's room based on the resident's needs and the needs of other residents in the facility. Factors to be considered include aggressive behavior, supervision needs, noise levels, friendship patterns, common rehabilitative goals or services, sleep patterns, interests, recreational pursuits, and vulnerability. g) Facilities providing services to persons with serious mental illness in accordance with Subpart S shall also comply with Subparts A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, and R of this Part. In case of a conflict between those Subparts and Subpart S, the more stringent requirement applies. h) Facilities with 20 or fewer residents with serious mental illness may request exemption from Section 300.4090(a)(1), (2) and (3); (b)(3); (c)(3) and (5); (d); and (f)(1) by submitting a declaration to the Department that meets the following requirements: 1) States that no resident under age 65 with serious mental illness will be admitted to the facility; 2) Is received by the Department by July 1, 2005; or within 5 days after the facility has 20 or fewer residents with serious mental illness and the facility discontinues admission of such residents; and 3) Lists the names and Social Security numbers of the current residents with a diagnosis of serious mental illness.	S9999		

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S9999	<p>Continued From page 21</p> <p>i) If a facility, having declared that it will not admit residents with serious mental illness under age 65, substantially fails to meet the needs of the residents with serious mental illness, as identified by the resident assessment, or fails to conduct assessments in accordance with Section 300.4010 and 300.4020, the facility is not exempt from Section 300.4090(a)(1), (2) and (3); (b)(3); (c)(3) and (5); (d); and (f)(1).</p> <p>j) A facility that has submitted a declaration to the Department in accordance with subsection (h) of this Section may resume admitting residents under age 65 with serious mental illness with the Department ' s written approval. Approval will be granted when the facility submits proof of compliance with Section 300.4090(a)(1), (2) and (3); (b)(3); (c)(3) and (5); (d); and (f)(1).</p> <p>k) A facility that has declared to the Department that individuals under age 65 with serious mental illness will not be admitted may request approval from the Department to admit an individual under age 65 with serious mental illness. The Department ' s approval will be individual specific and will be based on the individual ' s complex medical needs that can only be met in a skilled nursing facility. The facility must have demonstrated the ability to meet the individual ' s medical, nursing, social, psychological, emotional, and personal care needs. The facility cannot admit this individual until approval is provided by the Department. (Source: Amended at 29 Ill. Reg. 876, effective December 22, 2004)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to have a SMI (Serious Mental Illness) program for 24 of 24 residents (R3, R5, R7, R8,</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>and R10 through R30), reviewed, identified by the facility as being SMI, in a sample of 30.</p> <p>Findings include:</p> <p>On 1-25-17 at 10:00 am, E4 (Social Service Director) confirmed there were 24 residents (R3, R5, R7, R8, and R10 through R30) she had determined were SMI. E4 stated they presently do not have an SMI program, therefore comprehensive assessments by qualified personnel, SMI individualized treatment plans, psychiatric rehabilitation services, or SMI discharge planning have not been completed for the 24 SMI residents.</p> <p>1. R10's current POS (Physician's Order Sheet) for January 2017 documents R10 was admitted 12-15-16 and has a including Schizophrenia, Recurrent Major Depressive Disorder, and Anxiety.</p> <p>R10's PAS/MH (Pre-Admission Screen/Mental Health) Level II Notice of Determination dated 12-16-16 states R10 is eligible for nursing facility and needs special services for the following: Medication monitoring, adjustment and/or stabilization, instrumental activities of Daily Living training/reinforcement, Mental Health Rehabilitation activities, Aggression/Anger Management and illness self management.</p> <p>R10's record does not include any documentation of the above services being offered.</p> <p>2. R11's POS for January 2017 documents R11 was admitted 11-8-16 from another facility with diagnoses of Bipolar Disorder, Diabetes and Hypertension.</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>R11's Level II Summary Pre-Admission Screening dated 7-2-15 states R11 is eligible for nursing facility and needs special services for the following: Medication monitoring, adjustment and/or stabilization, Mental Health Rehabilitation activities, Aggression/Anger management, Incentive program to improve participation in treatments, and Community re-integration activities.</p> <p>R11's record does not include any documentation that these programs are being offered.</p> <p>R11's Admission MDS (Minimum Data Set) dated 11-15-16 documents R11 scores a 15 out of 15 on the Brief Interview for Mental Status screen.</p> <p>On 1-16-17 at 2:30 pm, R11 stated he was not aware of any special mental health services being offered by the facility nor had he attended any programming activities.</p> <p>3. R5's POS (Physician Order Sheet) for January 2017 documents R5 was admitted 10-12-16 and has diagnoses including Schizoaffective Disorder, Generalized Anxiety Disorder, and Major Depressive Disorder.</p> <p>R5's OBRA-Initial Screen (Omnibus Budget Reconciliation Act) dated 5-20-15 documents there is a reasonable basis to suspect R5 has a mental illness, indicating a PAS needed to be completed. There is no PAS screen in R5's record nor are there any evidence of programming being offered.</p> <p>4. R8's POS documents R8 was admitted 7-28-16 with diagnosis of Schizoaffective Disorder.</p>	S9999			

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S9999	<p>Continued From page 24</p> <p>R8's MDS (Minimum Data Set) dated 1-12-17 shows R8 has a 15 out of 15 score on the BIMS (Brief Interview for Mental Status).</p> <p>On 1-25-17 at 9:10 am, R8 stated that she was not aware of any mental health programming offered at the facility.</p> <p>5. R7's POS documents R7 was admitted 11-29-15 with a diagnosis of Major Depression with Psychosis.</p> <p>R7's MDS dated 10-26-16 documents R7 has a 15 out of 15 score on the BIMS (Brief Interview for Mental Status).</p> <p>On 1-26-17 at 8:50 am, R7 stated she has not been offered any mental health services/classes or programming while at the facility.</p> <p style="text-align: center;">C</p>	S9999			